

Quick Reference Guide: Updating or Adding Practice Locations

Steps:

1 **Additional screening may be required for certain organization provider types that make updates to practice locations. If your organization falls into this category, you will be notified.*

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/22	02/09/23	02/09/27

Editing or adding practice/other service locations for a provider enrolled in Medicaid is completed by initiating and finalizing an update to the provider's Medicaid record. Locate the provider's record on your dashboard in PNM and click on the Reg ID.

This process can be completed by the Administrator for the provider's Medicaid ID or a user with the Agent role, if that Agent has been assigned the 'Enrollment Agent' action by the Administrator.

2

Under the Manage Application section, click the '+' icon to expand the Enrollment Action Selections.

Click on the hyperlink which says "Begin ODM Enrollment Profile Update."

**If you have previously initiated an update, but have not submitted the update, this link will appear as "Continue ODM Enrollment Profile Update."*

Manage Application

Enrollment Actions

+ Enrollment Action Selections:

Programs

+ Program Selections:

Self Service

+ Self Service Selections:

Enrollment Actions

- Enrollment Action Selections:

[Begin ODM Enrollment Profile Update](#)
[Edit Key Provider Identifiers](#)
[Request Disenrollment](#)

3

From the list of updates, locate 'Other Service Locations' under the Address Information section.

Click **Update** next to Other Service Locations.

Address Information

Update

Billing & Payment Address

Update

Correspondence Address

Update

Other Service Locations

Update

1099 Address

- Enrollment Action Selections:

[Continue ODM Enrollment Profile Update](#)
[Cancel Update Registration](#)
[Edit Key Provider Identifiers](#)


If you initiate an update in error, select "Cancel Update Registration" under Enrollment Actions to end the update process.



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**Please enter Other Service locations that bill/will bill under the same Medicaid ID*

Additional Practice Name	Additional Practice Address	Additional Practice Phone Number	Effective Date	End Date	
Test Location 1	1000 HIGH ST WORTHINGTON, OH 43085- 4044	(614) 666-6555	06/01/2012	12/31/2299	

If adding a practice location, proceed to Step 6.

To update an existing practice location, click on the 'pencil and paper' icon for the practice you wish to edit.

5

Edit the contact information or enter an end date for the location if it is no longer a practice location.

Once information is entered, click **Save**.

PNM will verify the address against the USPS database. If the address listed from USPS is correct, click **Accept** and then click **Save** again.

Below the contact information section, you can add details about the practice location that will be included in the provider directory in PNM or select the 'Provider Directory Opt-Out' box to opt this location out of the directory.

Override Address Validation

Name* Test Location 1

Address 1* 1000 HIGH ST

Address 2

City* WORTHINGTON

State* OH

County Franklin County

Zip* 43085

Ext Zip* 4044

Phone Number 1* (614) 666-6555

Phone Ext 1

Phone Number 2

Phone Ext 2


Effective Date * 06/01/2012



End Date 12/31/2299

6

**If you completed Steps 4 & 5, and are not adding a practice location, proceed to Step 8.*

**Please enter Other Service locations that bill/will bill under the same Medicaid ID*

Additional Practice Name	Additional Practice Address	Additional Practice Phone Number	Effective Date	End Date	
Test Location 1	1000 HIGH ST WORTHINGTON, OH 43085- 4044	(614) 666-6555	06/01/2012	12/31/2299	

To add a new practice location, click **Add New**.

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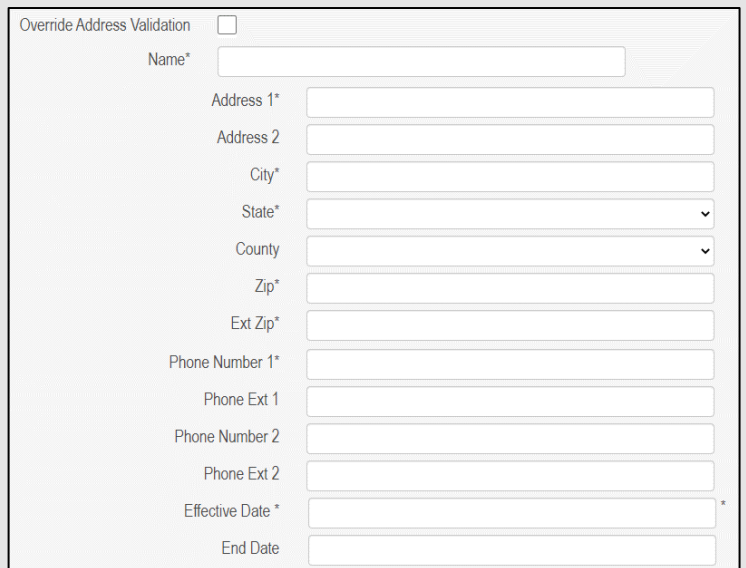
Enter the address and contact information for the practice location, including an effective date for the location.

Once information is entered, click **Save**.

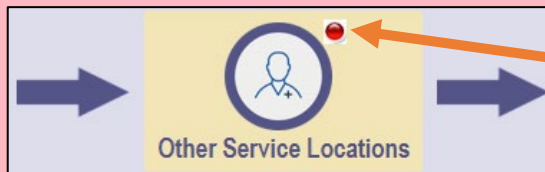


PNM will verify the address against the USPS database. If the address listed from USPS is correct, click **Accept** and then click **Save** again.

Below the contact information section, you can add details about the practice location that will be included in the provider directory in PNM or select the 'Provider Directory Opt-Out' box to opt this location out of the directory.



A form titled 'Override Address Validation' with a checkbox. Below it are input fields for Name*, Address 1*, Address 2, City*, State* (dropdown), County (dropdown), Zip*, Ext Zip*, Phone Number 1*, Phone Ext 1, Phone Number 2, Phone Ext 2, Effective Date*, and End Date.

8



A red dot indicates that changed information has been saved on the page.

*Please enter Other Service locations that bill/will bill under the same Medicaid ID

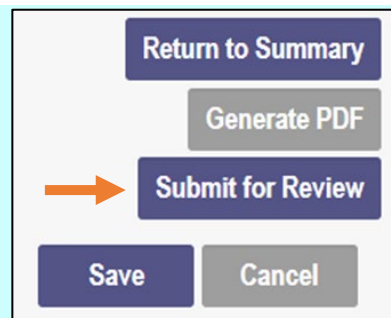
Additional Practice Name	Additional Practice Address	Additional Practice Phone Number	Effective Date	End Date	
Test Location 1	1000 HIGH ST WORTHINGTON, OH 43085- 4044	(614) 666-6555	06/01/2012	12/31/2299	
Test Location 2	110 N MAIN ST STE 100 DAYTON, OH 45402- 3718	(937) 555-4444	04/01/2023	12/31/2299	

Add New
History

Ensure the edits or additions to the practice location(s) appear correctly on the table.

9

To complete the update process (and the changes to the practice location(s)), click **Submit for Review**.



A submission confirmation message displays indicating that the update has been submitted.

Click **Return to Home Page**, to go to your dashboard.

Submission Confirmation

You have successfully submitted your application to the Medicaid Program.
Please allow at least 10 days for processing before attempting to submit any changes.

Return to Home Page